Page 1 of 6

AO 239 (01/09; Minn. Dist. Ct. MODIFIED 10/09 & 4/14) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT for the

District of Minnesota

RECEIVED

JUL 22 2024

Civil Action No. CLERK, U.S. DISTRICT COURT 24-cv-2885 (DWF/TNL)ST. PAUL, MINNESOTA

Defendant/Respondent)

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

Julya Jesty

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 07/22/2024

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

. Income source	amount du	nonthly income uring the past 12 nonths	Income amo next	unt expected e month
	You	Spouse	You	Spouse
Employment	\$	\$ —	\$	\$
Self-employment	\$1500	s _	\$7\$1000	\$
Income from real property (such as rental income)	\$	\$ ~	s — ·	\$
Interest and dividends	\$ —	\$ —	\$ —	s —
Gifts	\$ -	\$ —	\$	\$ -
Alimony	\$ —	\$	\$	s —
Child support	\$	\$	s —	S

JUL 2 2 2024 C

U.S. DISTRICT COURT ST. PAUL

AO 239 (01/09; Minn. Dist. Ct. MODIFIED 10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$ -	\$ -	\$ -	\$ -	-
Disability (such as social security, insurance payments)	\$	\$ _	\$ -	\$ -	
Unemployment payments	\$ 	\$ 	\$	\$ _	
Public-assistance (such as welfare)	\$ _	\$ _	\$	\$ -	
Other (specify);	\$ _	\$ -	\$ -	\$ -	
Total monthly income	\$ 0.00	\$ 150 0.00	\$ 100.00	\$	0.00

 List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NAA leads	North Coroting	06/23 - today	\$ ~ 1500
Crabby's Scatool	Rogers, Arkansas		\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
-			\$
			\$ -
			\$

Financial institution	Type of account	Amount you have	Amount your spouse has
Bank of America	Chechina	8 9.68	\$
		\$	\$
_	_	\$ ~	\$

If you are a prisoner, you must have an authorized prison official complete the Certificate of Authorized Prison Official provided on Page 6 of this application. The certificate must be filed with this application.

AO 239 (01/09; Minn. Dist. Ct. MODIFIED 10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

5.	ist the assets, and their values, which you own or your spouse owns. Do not list clothing and ordina	цу
	ousehold furnishings.	-

Assets owned by you or your spouse	
Home (Value)	\$
Other real estate (Value)	\$
Motor vehicle #1. (Value)	\$ 1,500
Make and year: Civic 2012	
Model: Honda	
Registration #: 2 HGFB2F8X CHS67525	
Motor vehicle #2 (Value)	\$
Make and year:	
Model:	
Registration #:	
Other assets (Value) - My Jester Hat	\$ ~~ 00
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
.—	\$	\$
-	\$	\$
-	.\$.\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
Donna Anderson	Grand mother	. 85
Mark Salmen	Cousin	35

AO 239 (01/09; Minn. Dist. Ct. MODIFIED 10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes No Is property insurance included? Yes No	\$ 1 190	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 200	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$ 200	\$
Clothing	\$ 30	\$
Laundry and dry-cleaning	\$ 20	\$
Medical and dental expenses	\$ 0	. \$
Transportation (not including motor vehicle payments)	\$ 180	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 30	\$ _
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ —	\$ _
Life:	s —	s _
Health:	· s · -	\$
Motor vehicle:	\$ 148	\$
· Other:	\$ _	\$ _
Taxes (not deducted from wages or included in mortgage payments) (specify):	s	\$
Installment payments		
Motor vehicle:	s _	\$
Credit card (name):	\$ 200	\$
Department store (name):	\$	\$ _
Other:	\$	- \$
Alimony, maintenance, and support paid to others	\$	\$

AC 230	(01/00- 1/Gm	Diet C	COLLICON +	10/00	Annliantian to	Proceed in District	Court	With out Down	aring !	Case or !	Cambo (Toma	Form)
110 27	(OTLAS! WITHIT	DISC C	C MODILIED	TALAS	Whbricamon ro	Lincaca in Dignic	Court	A trition Lich	walter .	LOC2 OF A	COSIS	'rvmR'	rumi

	ar expenses for operation of business, profession, or farm (attach detailed ent)	\$	\$
Other	(specify):	\$	\$
	Total monthly expenses:	\$ 0.00	\$ 0.00
) . .	Do you expect any major changes to your monthly income or expenses onext 12 months?	or in your assets or lia	abilities during the .
	☐ Yes ■ No If yes, describe on an attached sheet.		
0.	Have you paid — or will you be paying — an attorney any money for so including the completion of this form? ☐ Yes ■ No	ervices in connection	with this case, .
	If yes, how much? \$		
11.			
	Have you paid — or will you be paying — anyone other than an attorne for services in connection with this case, including the completion of the		a typist) any money
	for services in connection with this case, including the completion of the lif yes, how much? \$		
	for services in connection with this case, including the completion of the If yes, how much? \\$ If yes, state the person's name, address, and telephone number: Provide any other information that will help explain why you cannot page.	is form?	oroccedings.
	for services in connection with this case, including the completion of the If yes, how much? \$	ay the costs of these I	proceedings.
12.	for services in connection with this case, including the completion of the If yes, how much? \\$ If yes, state the person's name, address, and telephone number: Provide any other information that will help explain why you cannot page.	ay the costs of these p	proceedings.
12.	for services in connection with this case, including the completion of the If yes, how much? \$	ay the costs of these p	proceedings.
12.	for services in connection with this case, including the completion of the If yes, how much? \$	ay the costs of these parties from? This paint and the for sale	proceedings.

Prisoners: The following Certificate page *must* be completed by an authorized prison official and provided with this application.